Waterloo Wellington **LHIN**

WORKING TOGETHER FOR A HEALTHIER FUTURE

Integrated Health Service Plan
2010 - 2013

Ontario
Local Health Integration Network

WORKING TOGETHER FOR A HEALTHIER FUTURE

Integrated Health Service Plan, 2010 - 2013

EXECUTIVE SUMMARY

Health care in Ontario is seeing positive changes and transformation.

The Waterloo Wellington Local Health Integration Network's (WWLHIN) goal, for the residents of Waterloo Wellington, is to provide necessary health care services that are accessible, effective, sustainable and delivered within available resources.

In partnership with health service providers and local residents, the WWLHIN has updated the community's first strategic plan for Waterloo Wellington's health system, which is the Integrated Health Service Plan, 2007 - 2010 (IHSP). Working Together for a Healthier Future, IHSP, 2010 - 2013 builds on the 2007 - 2010 plan and provides further focus and direction for our local health system transformation.

This document outlines the planning framework and process that led to identifying local priorities and describes how health service providers and community members were engaged in the planning decision-making.

How local priorities are aligned with the provincial direction is described. As well, this strategic planning document presents a detailed description of the local priorities, an implementation plan and how success will be measured. Each of these components is brought together in the IHSP, 2010 - 2013, to provide the direction for the work of the WWLHIN, health service providers and residents for the next three years.

Community Engagement

From the beginning, the WWLHIN has actively encouraged community engagement and has come to rely on it for essential input into the overall decision-making process.

Community engagement for the first IHSP involved town hall meetings, surveys and focus groups, along with conversations with health-related boards, organizations, and individuals across the WWLHIN. The information gained during that time, the foundational work done over the past three years, and recent community engagement for the IHSP, 2010 - 2013 has been instrumental in developing this plan.

The extensive community engagement process for this updated IHSP began in January 2009 and continued through October 2009. Input was received through a variety of activities, including telephone and web surveys, community meetings, public visits to libraries, shopping mall displays, focus groups and symposiums.

These community engagement activities connected the WWLHIN with partners in health, including front-line health care professionals, doctors, public health authorities and social planning and research councils. The community engagement activities also opened valuable conversations with consumer communities (e.g., patients receiving care for a specific health issue) whose unique needs may not be reflected accurately through other means of information gathering.

Through the thorough community engagement process, thousands of individuals have had direct input into the planning for Waterloo Wellington's local health system.

Guidelines for Preparing the IHSP

Working Together for a Healthier Future, IHSP, 2010 - 2013:

- acknowledges the Ministry of Health and Long-Term Care's (MOHLTC) provincial direction
- builds on the first strategic plan for the Waterloo Wellington area health system
- recognizes the successes, accomplishments and challenges over the past three years
- utilizes data from numerous sources to accurately reflect the current state of health care in Waterloo Wellington.

Provincial Direction

The MOHLTC is developing a 10-year strategic plan that will provide the vision and direction for our provincial health care system. As this work is progressing, the MOHLTC and the LHINs have identified five focus areas for the next three-year period. These priorities are to:

- improve access to emergency department (ED) care
- decrease alternate level of care (ALC) days
- support the implementation of Ontario's diabetes strategy
- enhance addictions and mental health services
- build on the existing eHealth framework.

The work completed at the local level to develop IHSP, 2010 - 2013, demonstrates that the Waterloo Wellington priorities are aligned with the provincial direction and supports the overall vision of the province to have a patient focused, results based, and sustainable health system.

Priorities

The Waterloo Wellington Working Together for a Healthier Future, IHSP, 2010 - 2013 focuses on the following eight priorities:

- improving patient safety and enhancing quality of care
- improving wait times for MRI exams
- improving access to emergency department (ED) care
- improving access to primary care
- improving access to, and coordination of, addictions and mental health services
- improving chronic disease prevention and management (including diabetes)
- improving outcomes for stroke patients through integrated programs
- decreasing alternate level of care (ALC) days.

eHealth, **health human resources**, and **strategic leadership** are three vital enablers that will facilitate the achievement of system improvement and transformation.

Working Together for a Healthier Future, IHSP 2010 - 2013 Implementation

To address the priorities, the IHSP, 2010 - 2013 outlines the system improvement initiatives that will be implemented over the three-year period of the plan. The initiatives were developed with the individuals, networks and organizations that will be responsible for putting the plans into action. Review and measurement will be rigorous and ongoing to support success and assist in making any necessary adjustments to the plan along the way.

In order for these improvements to be accomplished, the WWLHIN expects health service providers to build on previous successes and identify new opportunities. Organizations and networks will be accountable for delivering the priority initiatives and their organizational performance will be measured by the success of the various initiatives they are leading. Through this approach, the WWLHIN and health service providers can focus their collective efforts on addressing the gaps identified by our communities which are organizational efficiency, long-term sustainability, outcomes and results.

Working Together for a Healthier Future, Integrated Health Service Plan, 2010 - 2013 is our community's document. It calls for collaborative work that will see the WWLHIN, health service provider organizations, networks, and the users of the health system come together to create a system that enables everyone to "Live and Live Well in Waterloo Wellington."

Waterloo Wellington **LHIN**

WORKING TOGETHER FOR A HEALTHIER FUTURE

Integrated Health Service Plan, 2010 - 2013

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Rationale, Measures of Success, System Improvement Initiatives, and Indicators for:
- Improving patient safety and enhancing quality of care
- Improving wait times for MRI exams
- Improving access to emergency department (ED) care
- Improving access to primary care
- Improving access to, and coordination of, addictions and mental health services
- Improving chronic disease prevention and management
- Improving outcomes for stroke patients through integrated programs
- Decreasing alternate level of care (ALC) days

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Ontario
Local Health Integration Network

INTRODUCTION

Local Health Integration Networks (LHINs) were created across Ontario in recognition that health care services are best managed at the local level where they can be delivered through an integrated approach and with input from WWLHIN residents.

The Waterloo Wellington Local Health Integration Network (WWLHIN) is responsible for planning, coordinating, integrating and funding health services in Waterloo Region, Wellington County and South Grey County.

Every three years, the LHINs are required to develop and implement an Integrated Health Service Plan (IHSP). This strategic plan outlines our community's vision and priorities, subsequent actions, and expected outcomes, further leading to an integrated health system as intended by the *Local Health System Integration Act, 2006*.

Based on the first IHSP, 2007 - 2010, an integrated health system for Waterloo Wellington means:

> *A system that is easy to use and access, is coordinated and effective, promotes health and wellness, ensures the highest quality of care and services, recognizes and leverages the contributions of all stakeholders, encourages innovation, partnership and excellence and will be there for us today and tomorrow.*

This document, Working Together for a Healthier Future, Integrated Health Service Plan, 2010 - 2013, is the second IHSP developed by the WWLHIN. This plan builds on knowledge acquired since the 2007 - 2010 IHSP, the successes being achieved in improving the local health system and the opportunities still to be addressed.

The IHSP, 2010 - 2013 articulates the results that health service providers, community partners, local residents and the WWLHIN want to see across the Waterloo Wellington area during the next three years. This strategic plan further lays the foundation to transform the local health system to the envisioned integrated system.

In partnership with our residents, health service providers and community organizations, the WWLHIN updated the IHSP by:

- building on the community's first IHSP, 2007 - 2010
- conducting a detailed analysis of health services to identify gaps
- focusing on improving the performance of our health system
- reviewing the provincial priorities *(see Appendix 1)*.

The following questions were asked throughout the IHSP, 2010 - 2013 development process.

What does the Waterloo Wellington community want their health system to become?	➤	Vision
What will it take to get there?	➤	Strategic Dimensions
How well are we currently doing?	➤	Measurement
What improvement opportunities do we want to address first?	➤	Prioritization
What changes can we make that result in improvement?	➤	System Improvement Initiatives

To answer these questions, the WWLHIN implemented an extensive community engagement and consultation process to gather input from the WWLHIN residents, and health service providers. Data analysis was completed to identify local health needs based on population characteristics (e.g., gender and age), social and economic information (e.g., employment and education), use of health care resources, outcomes of patient care (e.g., complications and readmissions) and local residents' satisfaction when using the Waterloo Wellington health system.

This research resulted in the identification of priorities for our local health system for the next three years. The priorities were validated by our community over the summer and fall of 2009. Through this community engagement process, additional system improvement initiatives and key actions were identified to address the priorities.

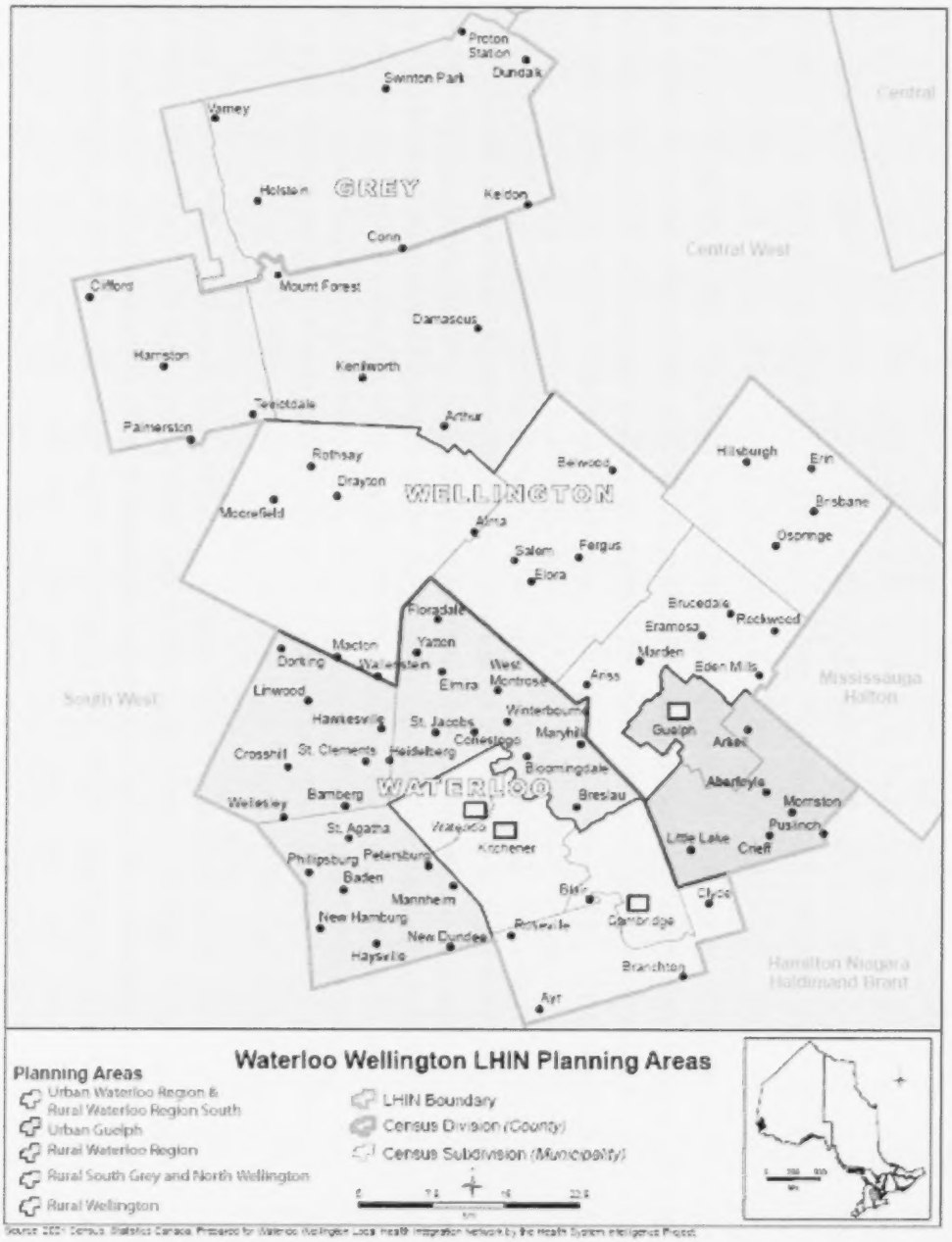
The priorities are:

- improving patient safety and enhancing quality of care
- improving wait times for MRI exams
- improving access to emergency department care
- improving access to primary care
- improving access to, and coordination of, addictions and mental health services
- improving chronic disease prevention and management
- improving outcomes for stroke patients through integrated programs
- decreasing alternate level of care days.

The IHSP, 2010 - 2013 reflects the priorities of the residents and heath service providers of Waterloo Wellington. These priorities, and how they will be implemented, are described in the document and provide health service providers, community partners, residents, and the WWLHIN with a clear direction that leads to the work that must be done, the investments that must be made, and the outcomes that are expected. While implementing the initiatives, the WWLHIN, together with its health service providers, community partners and the residents of Waterloo Wellington, will continue to be patient/client focused, effective and efficient in the provision of all health care programs and services in Waterloo Wellington. Together, we will continue to see system-wide improvements to our health system.

Our Geography

The WWLHIN covers approximately 4,800 square kilometers of land. Almost 90 per cent of the WWLHIN's total geographic space is rural.



WWLHIN Key Facts

Population Profile

- **Population:** Approximately 730,030 residents, representing 5.6% of Ontario's total population, live in the WWLHIN area. Rural Waterloo Region South and Urban Waterloo Region have the highest proportion of the population within the WWLHIN.
- **Population growth:** Between 2009 and 2022, the WWLHIN will experience a population growth of 16.2%, and is projected to be the sixth fastest growing LHIN in the province. The expected provincial population increase during the same time period is 15.6%.
- **Aging population:** Between 2009 and 2024, population growth among people 65+ years in the WWLHIN is projected to be faster than that of the provincial growth (68.6% vs. 62.8%). However, the percentage of Waterloo Wellington residents who are 65+ years is currently lower (12%) than that of Ontario average (13.5%) and is projected to remain lower through 2024.
- **Diversity:**
  - *Immigrants:* Immigrants represent 20.6% of the WWLHIN, which is slightly lower than the provincial average.
  - *Visible minorities:* The Waterloo Wellington LHIN is home to almost 35% of the Mennonite population of Ontario and these residents make up 3.4% of the WWLHIN population.
  - *Francophone:* The percentage of the population in Waterloo Wellington LHIN with a French mother tongue is 1.3%, which is considerably lower than the provincial average of 4.1%.
  - *Aboriginal:* The percentage of the population in the Waterloo Wellington LHIN who identifies with at least one Aboriginal group (for example North American Indian, Métis or Inuit) is 1%, substantially lower than the Ontario average.

Social Economic Status

- **Education:** 24.1% of the WWLHIN residents aged 15+ do not have a certificate, diploma or degree, which is slightly higher than the provincial average of 22.2%.
- **Unemployment:** In 2007, the unemployment rate in WWLHIN (5.4%) was lower than the provincial rate of 6.4%. Unemployment rates are lowest in the rural areas; in 2006, the range of unemployment in rural areas was 3.1 - 4.0%, range of unemployment in urban areas is 5.1 - 5.7%.
- **Low income:** In 2006, 7.2% of WWLHIN residents were living below the low income cut off (LICO), which is significantly less than the provincial average of 11.1%.

Healthy Behavior

- **Obesity or overweight:** There is a higher percentage of obese or overweight people in Waterloo Wellington, 53.3% compared to the provincial average of 49.2%. During the time period of 2003 - 2007, the obesity average increased by 4.1% compared to the provincial average of 1.1%.
- **Fruit and vegetable consumption:** The WWLHIN's percentage of the population consuming less than five fruits or vegetables per day (52.3%) was lower than the provincial percentage (55.1%). However, fruit and vegetable consumption by residents in the WWLHIN decreased by 1.7% from 2003 - 2007, compared to the provincial decline of 0.3%.
- **Physical activity:** Participation in physical activity has decreased dramatically from 2003 - 2007 in both the WWLHIN and the province; however, this decrease was greater in the WWLHIN (5.6%) compared with the province (4.1%).
- **Smoking:** Daily smoking has decreased by 0.4% in Waterloo Wellington from 2003 - 2007 but at a much slower rate than the province (1.5%).
- **Drinking:** The percentage of heavy drinkers in WWLHIN (23.5%) is slightly higher than the provincial average (21.7%) and has not changed significantly during 2003 - 2007.

Health Care Service in the Waterloo Wellington LHIN

The Waterloo Wellington LHIN is responsible for funding 79 health service providers, who deliver over 100 programs and services. The programs and services offered by these health service providers, together with other providers not funded by the WWLHIN, form a circle of care in which Waterloo Wellington residents have access to a coordinated, high quality system for health.

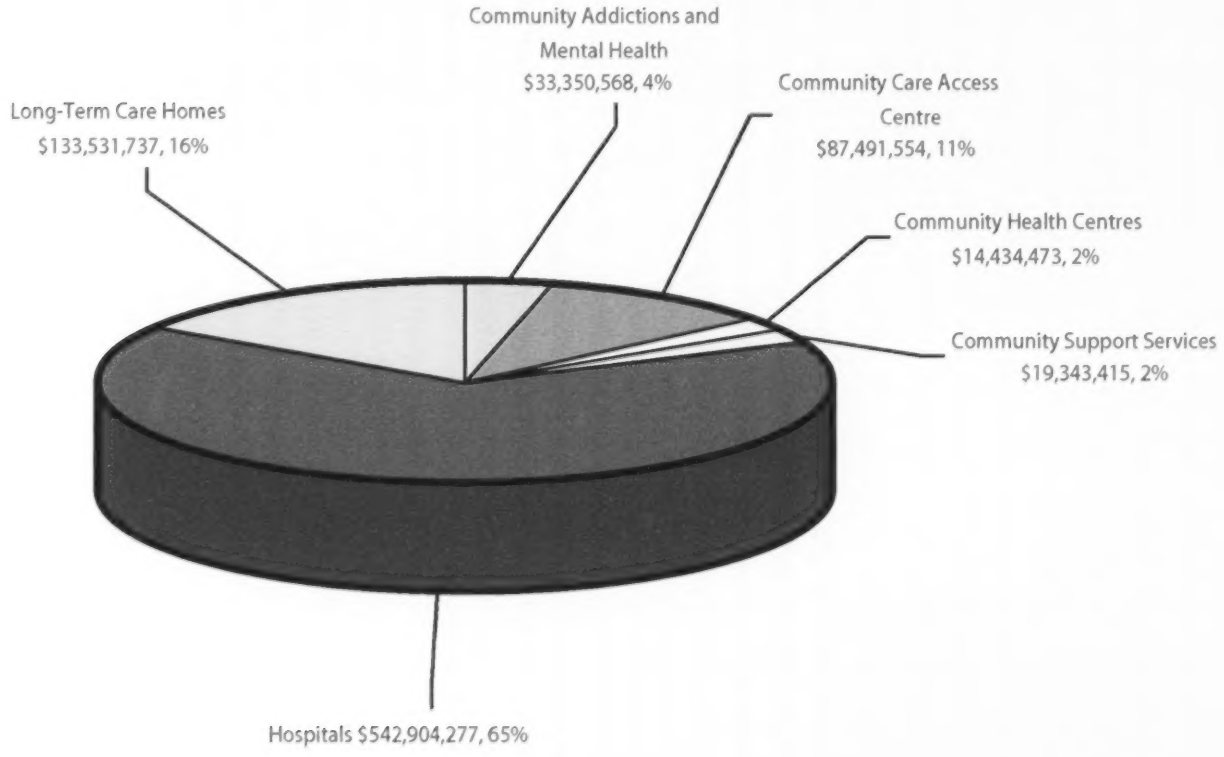
The following health service providers are funded by the Waterloo Wellington LHIN:

- eight hospital corporations (including one specialty hospital) operating on 10 sites
- one Community Care Access Centre
- 32 Community Support Services
- 22 Community Addictions and Mental Health Services
- 35 Long Term Care Homes
- four Community Health Centres operating six sites.

A complete list can be found on the WWLHIN website, www.wwlhin.on.ca.

In 2008 - 2009, the WWLHIN's total budget of $831 million was allocated to health service providers. The funding is used by the health service providers to deliver patient and client care for residents of Waterloo Wellington. Funding for health service providers is shown in Figure 1.

Figure 1: WWLHIN funding by sector 2008 - 2009


Community Addictions and Mental Health $33,350,568, 4%
Community Care Access Centre $87,491,554, 11%
Long-Term Care Homes $133,531,737, 16%
Community Health Centres $14,434,473, 2%
Community Support Services $19,343,415, 2%
Hospitals $542,904,277, 65%

THE WWLHIN'S VISION FOR THE LOCAL HEALTH SYSTEM

In 2004, the MOHLTC announced its agenda to transform Ontario's health system to achieve its vision of a:

> ***Health care system that helps people stay healthy, delivers good care to them when they get sick and will be there for their children and grandchildren.***

WWLHIN Vision

The MOHLTC's vision provides a common direction for the LHINs and all health service providers in Ontario. Through community consultations related to the development of the IHSP, 2007 - 2010, the WWLHIN Board of Directors endorsed the MOHLTC's vision as the vision for the WWLHIN. The vision was reconfirmed as part of the community engagement consultations for the IHSP, 2010 - 2013.

The WWLHIN will advance the vision by transforming Waterloo Wellington health care into an integrated system that is:

- easy to use
- accessible
- coordinated
- effective, and
- encourages innovation, partnerships and excellence.

Through the contributions of all partners, we will build a health care system that will be here for us today and tomorrow, and encourages everyone to "Live and Live Well in Waterloo Wellington."

WWLHIN Mission

The WWLHIN recognizes that building an integrated system is an evolutionary process that requires the active and ongoing participation and engagement of the broader community in order to succeed.

Recognizing the role of health care in the Waterloo Wellington community, the need to collaborate, the importance of coordination and integration amongst health service providers for the benefit of the people who use the system, the WWLHIN developed the following mission:

> ***Inspiring people to improve quality of life now and in the future through collaborative relationships and health system integration.***

In addition to the mission, which defines what our role is in the Waterloo Wellington community, the WWLHIN values guide how we do our work.

WWLHIN Values

- **Accountability** Demonstrated by follow through, evidence-based outcomes and transparency
- **Integrity** Demonstrated by sound decision making processes and honesty
- **Innovation** Demonstrated by creativity, future focus and change
- **Community** Demonstrated by respect, engagement and focus on people

WWLHIN Strategic Dimensions

Strategic dimensions are key focus areas that will help advance the vision for the WWLHIN health system. As part of the development of the IHSP, 2007 - 2010, the WWLHIN, with input from the community, identified these four strategic dimensions; they remain relevant today and form a basis for the IHSP, 2010 - 2013.

WWLHIN Strategic Dimensions	What does this mean?
Improve access to health services	Those in need of care are able to access services when they need them
Improve the health of the population	The physical and mental health status of the WWLHIN population
Enhance system effectiveness	Providing health care that is safe, effective and patient centered
Build community capacity to achieve a sustainable health system	Building partnerships and making a better use of community capacity leading to a more efficient use of scarce resources

WWLHIN Health System Enablers

In addition to the strategic dimensions that will lead to an integrated system in Waterloo Wellington, three areas have been identified as being 'enablers' to success – eHealth, health human resources, and strategic leadership. These enablers have been incorporated into the IHSP, 2010 - 2013 strategic priorities.

WWLHIN Health System Enablers

- **eHealth**

  eHealth is the incorporation of information and communication technologies in the health care sector. It encompasses a range of purposes from purely administrative through to health care delivery. In the WWLHIN, this includes medical and administrative information systems, information management and decision support systems, telecommunications, diagnostic and physiological data collection as well as the technologies that support the collection, integration and storage of information. eHealth is about using information technology to modernize the health system in Waterloo Wellington.

  Most importantly, eHealth in the WWLHIN will continue to improve care and the overall health system experience by bringing information together to assist care providers in delivering better care, at the right time and place, respectful of the privacy of personal information.

- **Health Human Resources (HHR)**

  The delivery of quality health care programs and services depends on having highly-skilled health service practitioners. To support a strong local health system, it is important that a health human resources strategy be developed, implemented and monitored.

  A health human resources planning process is in place through the work of our Health Human Resources Council. This planning process includes looking at the number of health professionals who currently work in the Waterloo Wellington area and the distribution of this workforce. The HHR strategy currently being developed will support present and future ways of providing care to patients and clients, and identify ways to recruit and retain health service providers in the WWLHIN.

- **Strategic Leadership**

  Strategic leadership is essential within the health system to support new and innovative ways to deliver high quality care and service. Identifying leading governance and management practices is a focal point for Waterloo Wellington. The WWLHIN is working with the governing bodies of health service providers to look at opportunities for system-wide transformation. Through strategic leadership development and implementation of leadership best practices, organizations can develop and support innovative strategies within existing resources.

FRAMEWORK FOR PLANNING

The Waterloo Wellington LHIN's mandate is to plan, fund, coordinate and integrate health care services at the local level. This means being responsible for funding local health service providers and allocating local health dollars where they are most needed based on community priorities. It also means using strategic and evidence based decision-making tools to guide short-term and long-term planning, and incorporating data from a variety of qualitative and quantitative sources.

In identifying the priorities for 2010 - 2013, the planning components included:

System Performance	Indicates how well the Waterloo Wellington health system is doing
Population Risk Factors	Characteristics, conditions, or behaviours, (such as high blood pressure or smoking) that increases a person's chance of developing a disease
Assessment Criteria	Guiding principles used to prioritize which system improvement opportunities should be addressed first

By using these three planning components, a Planning Framework was developed (see Figure 3).

System Performance

To evolve the health system to one that is integrated, we need to know how well the system is currently performing in terms of use, accessibility, co-ordination, effectiveness, and sustainability. International health care studies have concluded that a high functioning integrated system must also encourage innovation, partnerships and excellence. These characteristics of an integrated system are summarized in the four WWLHIN strategic dimensions: improve access to health services, improve the health of the population, enhance system effectiveness and build community capacity to achieve a sustainable health system.

To help us understand how well the system is currently performing, indicators were used for each of the four WWLHIN strategic dimensions (see Figure 2). These indicators are recognized and applied in various national and international health care systems to measure health system performance. The indicators assisted in identifying areas for improvement.

The performance indicators in Figure 2 are a summary of how well the Waterloo Wellington health system is performing in those areas. For example, the indicator 'access to primary care' includes whether people have a primary care doctor and if they have access to primary care services when needed (e.g. after regular business hours).

To assess how well the Waterloo Wellington health system is performing in each indicator, performance was compared to the rest of Ontario and trends for each indicator were reviewed, where possible. (*See Appendix 2, WWLHIN Strategic Dimensions Indicators.*)

Figure 2:
Performance Framework to measure the performance of the Waterloo Wellington local health system

Performance Framework		
WWLHIN Strategic Dimensions	**Indicators**	**Performance**
Improve access to health services	• Wait times acute care services	★★★
	• Wait times emergency care	★★
	• Wait times to long-term care placement	★
	• Access to primary care services	★★
	• Access other	★
Improve the health of the population	• Potential years of life lost	★★★
	• Perceived (mental) health status and addiction	★
	• Prevalence of chronic conditions	★
Enhance system effectiveness	• Hospital standardized mortality rate	★★★
	• Case fatality rates	★★
	• Readmission rates	★★★
	• Adverse events	★★★
	• WWLHIN residents experience	★★
Build community capacity to achieve a sustainable health system	• Percentage of alternate level of care days	★
	• Hospital and ED utilization for ambulatory care conditions	★★★

Legend: ★★★★ Excellent ★★★ Good ★★ Fair ★ Poor

Population Risk Factors

The next step in the planning process was to get an understanding of how and why future health needs are likely to change. Changes in future demand for health care services are driven by a number of factors including: demographic (e.g. age or gender), epidemiological (e.g. health status), social and economic factors (e.g. income or education), changes in clinical practice, technology, policy changes and public expectation.

It is impossible to predict the developments in all the identified factors. However, by doing an analysis of population risk factors, a strong indication of future needs can be determined.

WWLHIN Key Facts (page 6) outlines details on the social and economic factors (income, education and employment), gender, age and culture.

When reviewing performance of the health system, information clearly indicates, at least in the short term, which areas are going to be problematic.

Assessment Criteria

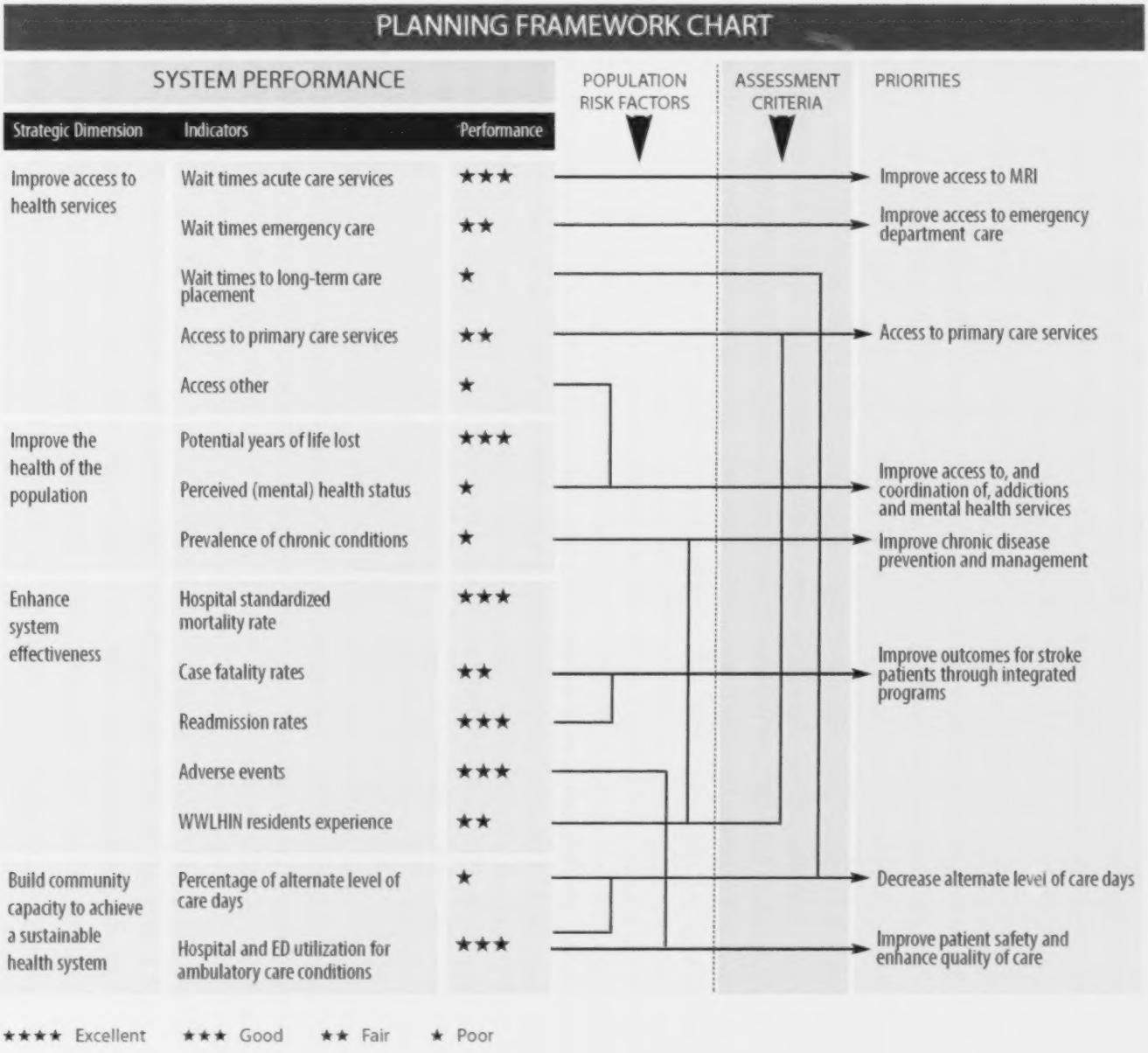
Based on information related to how well the Waterloo Wellington health system is performing, and future needs, improvement opportunities were identified to evolve the local health system into one that is integrated.

In defining the priorities for 2010 - 2013, the WWLHIN used the following criteria:

- improvement opportunities that build on current activities as described in the Annual Business Plans 2009 - 2010 through 2011 - 2012
- improvement opportunities that are aligned with provincial priorities
- improvement opportunities that address the biggest gap between where the system currently is and where it should be.

Figure 3 illustrates the process that led to the identification of the priorities for 2010 - 2013. The priorities where identified with extensive involvement from the community, health service providers and other stakeholders.

Figure 3: Planning Framework for identifying local health system priorities.


PLANNING FRAMEWORK CHART
SYSTEM PERFORMANCE
POPULATION RISK FACTORS
ASSESSMENT CRITERIA
PRIORITIES
Strategic Dimension
Indicators
Performance
Improve access to health services
Wait times acute care services ★★★
Wait times emergency care ★★
Wait times to long-term care placement ★
Access to primary care services ★★
Access other ★
Improve the health of the population
Potential years of life lost ★★★
Perceived (mental) health status ★
Prevalence of chronic conditions ★
Enhance system effectiveness
Hospital standardized mortality rate ★★★
Case fatality rates ★★
Readmission rates ★★★
Adverse events ★★★
WWLHIN residents experience ★★
Build community capacity to achieve a sustainable health system
Percentage of alternate level of care days ★
Hospital and ED utilization for ambulatory care conditions ★★★
Improve access to MRI
Improve access to emergency department care
Access to primary care services
Improve access to, and coordination of, addictions and mental health services
Improve chronic disease prevention and management
Improve outcomes for stroke patients through integrated programs
Decrease alternate level of care days
Improve patient safety and enhance quality of care
★★★★ Excellent
★★★ Good
★★ Fair
★ Poor

Through the planning process, eight priorities for 2010 - 2013 were identified to support the transformation to an integrated health system in Waterloo Wellington that:

- improves access
- improves the health of the population
- enhances system effectiveness
- builds capacity to achieve a sustainable health care system.

This list of priorities has been validated and prioritized with health service providers across the Waterloo Wellington area and provides the direction of where the local health system will be headed over the next three years.

Priorities

Our community's eight priorities for 2010 - 2013 are:

- improving patient safety and enhancing quality of care
- improving wait times for MRI exams
- improving access to emergency department (ED) care
- improving access to primary care
- improving access to, and coordination of, addictions and mental health services
- improving chronic disease prevention and management
- improving outcomes for stroke patients through integrated programs
- decreasing alternate level of care (ALC) days.

System Improvement Initiatives

System improvement initiatives are the activities that the WWLHIN, together with health service providers and other stakeholders, will implement over the next three years to advance the priorities. Through the development of the priorities with health service providers and other stakeholders, many of the initiatives identified to achieve the priorities have the potential to positively impact one or more of the eight priorities. The initiatives are interrelated as is the provision of health care programs and services. For example, the faster placement of alternate level of care patients currently in hospital beds to another appropriate setting (e.g., long-term care home, hospice or home with appropriate supports) will decrease ALC days. This in turn will improve access to hospital beds for patients entering through the emergency department, which will also improve access to emergency department care.

Evaluation

Progress will be measured through the use of performance indicators. For each of the eight priorities, a number of indicators have been identified. Where needed, additional performance indicators will be developed to monitor and evaluate the implementation of system improvement initiatives over the next three years. This evaluation component will support the WWLHIN, health service providers and other stakeholders to effectively develop and implement system improvement initiatives and adjust where needed. The reporting mechanism will also be used to provide regular updates to inform our community on how well the Waterloo Wellington health system is addressing the eight priorities of the IHSP, 2010 – 2013.

The following charts identify the rationale, measures of success, system improvement initiatives and indicators for the eight priorities.

Improving Patient Safety and Enhancing Quality of Care

Rationale

The LHINs are responsible for planning and funding health care services that address the needs of their residents. In executing this mandate, the WWLHIN and local health service providers are continuously exploring and implementing the best ways to service those needs. In addition, the WWLHIN's responsibility as a system manager includes supporting the improvement of patient safety and quality of care initiatives.

According to the Ontario Health Quality Council, patient safety means that people should not be harmed by an accident or mistakes when they receive care. Quality of care means that: 1) people get care that works and is based on the best scientific information (*effective*); 2) resources are used to get the best value for money meaning that there is no waste in the provision of services by undertaking activities that have no benefit to the patients/clients (*efficient*); and 3) is respectful of and responsive to individual patient/client preferences, needs, and values, and ensuring that patient values guide all clinical decisions (*patient centered*).

Improving patient safety and enhancing quality of care will also contribute to improving the sustainability of the Waterloo Wellington health system. Various national and international studies show the relationship between providing better care while reducing costs. For example, in Canada, various studies show poor quality in the Canadian system resulting from actions including tests and procedures conducted that have no added value and substantial additional costs; preventable adverse events and avoidable readmissions resulting in increased mortality; morbidity and cost of treatment; duplication of services; inefficient processes and overly expensive inputs.

A recent example of poor quality in the WWLHIN is conducting unnecessary tests. Four out of ten cataract surgery patients had an electrocardiogram which is significantly higher than the LHIN with the lowest ratio. With regard to x-rays before cataract surgery, the WWLHIN has one of the lowest rates in the province; however, some x-rays are still being done unnecessarily. Other areas where potential efficiency improvements have been identified are medication management and duplication, diagnostic tests and supply chain management (ordering and distribution of supplies).

Overall, in Waterloo Wellington, patient safety and quality of care, as measured by a number of indicators is either similar or better than the provincial average and this is reflected in our residents' opinion about the care they receive. For example, almost 90% of the patients who went to a hospital rated the hospital and specialist care as 'excellent' or 'very good' and slightly more than 90% of the residents rated the care from their primary care physician as 'excellent' or 'very good'.

However, with our health service providers, there is variation in patient safety and quality of care. In some cases, the quality of care of individual health services providers on specific indicators is even below the provincial average.

Due to these variations in patient safety and quality of care among our health service providers, and in our continuous effort to lead and transform the health system, the WWLHIN will focus on these initiatives to support the delivery of care that is safe, effective, efficient and patient centered.

Measures of Success:

- lowest adverse events and infection rates in the province
- improved outcomes of care
- no duplication of administrative, support and clinical activities within and across our health service providers
- 95% of Waterloo Wellington residents are satisfied with the care they received.

System Improvement Initiatives:

- align how acute care services are provided with the needs of the Waterloo Wellington residents and improve the quality of acute care services (*Clinical Optimization Project*)
- develop and implement a Regional Medication Management System in Waterloo Wellington (*Pharmacy Optimization Project*)
- develop and implement a model that improves a coordinated access to community support services for seniors (*Easy Coordinated Access Project*)
- implement a central image and report repository amongst hospitals in Waterloo Wellington and Hamilton Niagara Haldimand Brant (*Shared Diagnostic Imaging Repository (DI-r) Project*)
- include patient safety and quality of care expectations in accountability agreements
- implement information system that enables monitoring of outcomes of care in long-term care homes (RAI MDS 2.0)
- explore and implement opportunities for integrating the delivery of administrative and support services across the system
- implement a resource matching and referral system.

Indicators:

- readmission rates
- adverse event rates
- hospital standardized mortality rates
- infection rates
- patient/client experience.

Improving Wait Times for Magnetic Resonance Imaging (MRI) Exams

Rationale

The wait time for non urgent MRI exams has significantly improved over the past two years. Waterloo Wellington had one of the longest wait times in the province when this data was first collected and publicly reported. As of 2008 - 2009, the area has the third shortest wait time in the province. However, there is still room to improve as the area remains above the provincial target of 28 days. As of June 30, 2009, the wait time, on average, in Waterloo Wellington is 70 days.

Measure of Success:

- decreased MRI wait times to 28 days [1]

System Improvement Initiatives:

- develop and implement guidelines for appropriate use of MRI across WWLHIN
- implement prioritization guidelines and tools
- review all scan protocols (sequencing) and appointment allocation time
- implement additional MRI capacity in the WWLHIN
- implement a central booking/intake process for MRI
- reassess and continue to pursue additional capacity
- expand central booking/intake process to other diagnostic tests.

Indicators:

- wait times in days for MRI
- percentage of appropriate referrals to MRI.

[1]Wait time is measured from the time the MRI is booked until the time the exam is completed.

Improving Access to Emergency Department (ED) Care

Rationale

Based on data from May 2009, residents who go to the emergency department for an urgent medical issue spend an average time of 8.8 hours, (which is above the recommended 6-8 hour time frame), from the time the nurse assesses them until they leave the building or are admitted to the hospital.

Similarly, the WWLHIN emergency department length of stay is higher than the recommended time frame (5.5 hours versus 4 hours) for those residents who have less severe medical issues. This data supports comments from the residents of Waterloo Wellington – "people are waiting too long in the emergency department." Based on current data, we know that approximately 45 per cent of people who go to the emergency department could be appropriately seen in another setting. This is an area where there is great potential for improvement.

Measures of Success:

- non-urgent ED visits will be reduced by 10 percentage points
- appropriate utilization of ED resources.

System Improvement Initiatives:

- expand supportive living services for seniors
- implement ED-Community Care Access Centre notification solution
- broaden public communication strategy of appropriate use of ED and alternatives to ED
- expand ED Process Improvement Program to other areas within the hospitals
- reassess and optimize ED pay for results program
- reassess and optimize ambulance offload program
- implement Critical Care Surge Capacity recommendations
- strengthen capacity and capability related to performance improvement in hospitals
- develop and implement a broader communication strategy for the ED reports
- enhance public reporting of system ED performance and information.

Indicators:

- proportion of non-admitted high acuity patients treated within the length of stay target of less than 8 hours
- proportion of non-admitted low acuity patients treated within the length of stay target of less than 4 hours
- percentage of ED visits that are CTAS 4-5.[2]

[2] Canadian Triage and Acuity Scale is a system of assigning level of severity of illness to patients who go to the ED for care; 4-5 represents less seriously ill patients.

Improving Access to Primary Care

Rationale

According to several sources, (MOHLTC Primary Care Access Survey 2008, WWLHIN survey 2009, Statistics Canada, Canadian Community Health Survey), approximately 95 per cent of residents in Waterloo Wellington have a primary care doctor or place where they go for regular medical care. However, upon a more thorough review, three main issues were identified.

The first issue was that some populations do not have access to a primary care provider, for example, only 68-80 per cent of recent immigrants report having access. Access for people who are homeless or at risk of homelessness is also a major problem. Members of the Lesbian Gay Bisexual Transsexual/Transgender Queer (LGBTQ) community also reported having to go outside of their local area to find a provider who has knowledge of their specific health needs and issues.

The second item that causes concern is that some areas in the WWLHIN consistently do not have enough primary care providers. This tends to be the rural areas.

The third issue is after hours access to primary care across Waterloo Wellington.

Measures of Success:

- all residents in Waterloo Wellington have access to primary care
- improved utilization of primary care by vulnerable populations
- increased number of residents with access to after hours care.

System Improvement Initiatives:

- implement recommendations from the Rural Health Care Review
- expand tele-health and tele-home care
- explore and pursue, where needed and appropriate, Family Health Teams, Community Health Centres or Nurse Practitioner Led Clinics
- develop and implement alternative models for primary care services to address needs for vulnerable populations
- increase the awareness among residents that after hours care is available and how to access it
- support providing information to primary care providers on health issues affecting vulnerable populations.

Indicators:

- percentage of WWLHIN residents who have a primary care provider
- number of ED visits for people with a primary care provider.

Improving Access to, and Coordination of, Addictions and Mental Health Services

Rationale

During the past several years, addictions and mental health issues have been increasing among residents in the WWLHIN. Between 2005 and 2007, both mood and anxiety disorders have increased and, with the current economic state, the number of residents with these illnesses will continue to rise. Data from 2007 shows that substance use among Waterloo Wellington students exceeds that of the provincial average in all categories, as does substance use among Waterloo Wellington adults.

Specific areas of concern for this priority include long wait times for services, lack of appropriate follow up upon discharge of patients, high rates of readmissions, not enough community-based addictions and mental health professionals as well as a general stigma associated with these types of services and those who use them.

Measures of Success:

- improved access to addictions and mental health services
- reduced substance use among youth to the provincial average in all categories
- reduced mental health issues among youth
- decreased readmissions and inappropriate ED use to provincial averages
- improved access to addictions and mental health services.

System Improvement Initiatives:

- implement drug strategy across the WWLHIN
- implement suicide prevention strategy
- implement a coordinated approach for addictions and mental health promotion and education in schools
- improve access to addictions and mental health services for students
- expand coordinated intake and common assessment through community support coordination team
- increase the availability of case management throughout the WWLHIN
- implement effective discharge processes and follow up for all addictions and mental health services
- improve links and supports to address crisis mental health needs
- increase supports for long-term addictions and mental health conditions
- implement provincial program called "no wrong door approach"
- improve transition from crisis services to more stabilized services
- enhance mental health services for seniors
- develop health services component of supportive housing program for mental health clients
- implement integrated program for severe and persistent mentally ill
- open 32 additional addictions supportive housing units
- increase access to (medically supervised) withdrawal management beds
- open 50 longer term mental health beds
- increase primary care capacity to address addictions and mental health issues.

Indicators:

- percentage of students reporting substance abuse (all categories)
- percentage of mental health issues among youth
- 30-day readmission rates for addictions and mental health
- ED visit rate for addictions and mental health issues that could be managed elsewhere
- rate of repeat mental health ED visits within 30 days
- wait times in days for access to addictions and mental health services.

Improving Chronic Disease Prevention and Management

Rationale

Healthy behaviors among WWLHIN residents are on the decline. Between 2003 and 2007, physical activity levels decreased as did fruit and vegetable consumption. During the same time period, obesity rates steadily increased as did rates of many chronic diseases, including diabetes, high blood pressure, arthritis and asthma. These four chronic conditions account for a high proportion of doctor visits, emergency department visits and hospitalizations, and are negatively influencing a person's quality of life. Compounding these negative trends is the fact that, in a WWLHIN survey conducted in April 2009, only a few residents indicated that their health professional were involved in managing their chronic condition as well provided them support that enables them to manage their disease.

Measures of Success:

- improved provision of chronic disease management and self care
- improved access to specialized services for patients with chronic conditions.

System Improvement Initiatives:

- implement comprehensive framework for prevention and management for specific chronic diseases
- establish Regional Diabetes Centre and associated programs
- expand peritoneal dialysis to other long-term care homes
- implement diabetes registry
- implement a comprehensive bariatric program
- develop and implement endovascular surgery component of vascular program and pursue cross-LHIN alignment.

Indicators:

- per cent of ED visits and hospitalizations for patients with diabetes
- per cent of people who report that their primary care provider is regularly involved in the management of their chronic condition
- per cent of people with diabetes who have access to a primary health care provider
- per cent of people with diabetes, aged 18 or older, who had all three diabetes tests within the recommended guideline period for optimal diabetes management - cholesterol, retinal eye exam, and HbA1C (a measure of blood sugar control)
- per cent of dialysis patients who receive their dialysis at home
- number of approved applicants for funding for insulin pumps and supplies for adults
- number of annual bariatric surgeries
- prevalence of chronic conditions.

Improving Outcomes for Stroke Patients through Integrated Programs

Rationale

In certain aspects of stroke care, Waterloo Wellington performs very well. Data from 2006 indicates that this includes getting potential stroke patients to the emergency department in a timely manner so they can receive proper diagnostic testing quickly and receive appropriate medication to reduce the effects of stroke. However, the area that requires improvement is post-stroke care. Waterloo Wellington has a higher than average three-month readmission rate for stroke (2005 - 2006) as well as higher 30-day stroke in-hospital mortality rates (2007 - 2008). These rates can be improved through the availability of more inpatient and outpatient rehabilitation services for both mild and severe stroke patients. Presently, more residents in the WWLHIN (than the provincial average) who were hospitalized for stroke were sent home without any home care services.

Measures of Success:

- improved prevention and management of patients at-risk of stroke by primary care providers
- reduced readmission rates and mortality rates to the provincial average.

System Improvement Initiatives:

- expand and provide education opportunities for vulnerable populations and youth
- strengthen links to promotion and public awareness, about signs and symptoms of stroke, with Community Health Centres and Family Health Teams
- expand smoking cessation initiatives across the WWLHIN
- develop and implement a model for clustering stroke care (acute and rehabilitation) across Hamilton Niagara Haldimand Brant and Waterloo Wellington LHINs
- develop a plan for system-wide Emergency Medical Services for stroke patients across the WWLHIN
- expand the Alpha-FIM (rehabilitation readiness assessment) across the WWLHIN
- expand the dysphasia screening tool to acute care facilities across the WWLHIN
- establish a regional evaluation and monitoring mechanism to track optimization and best practice stroke care
- expand promotion and public awareness of signs and symptoms of stroke to other models of primary care
- develop a regional measuring and evaluation mechanism to monitor performance of stroke patient access to rehabilitation across the region
- implement standard assessment tool for acute and rehabilitation across the WWLHIN.

Indicators:

- change in FIM (rehabilitation assessment tool) scores
- rehabilitation length of stay
- 30-day readmission of patients with stroke to acute care
- 30-day stroke in-hospital mortality rate
- per cent of stroke patients discharged to rehabilitation
- per cent of stroke patients managed on a designated stroke unit.

Decreasing Alternate Level of Care (ALC) Days

Rationale

Alternate level of care (ALC) refers to patients in hospital who no longer require treatment for an acute illness; however, they cannot be discharged for a number of reasons including lack of appropriate home care supports or they are waiting for placement into a long-term care home.

ALC patients occupy hospital beds which are needed for others who are being admitted through the emergency department. As of August 2009, in Waterloo Wellington, there are approximately 17% of patient days classified as ALC, which means that at any given time, approximately 150 beds are occupied by patients who no longer require care provided by the hospital. The provincial average is 15.6% ALC days. The WWLHIN target for 2009 - 2010 is 9.46%. As hospital staff and beds are important resources for the delivery of high quality care for people in the community, it is a priority to ensure that both of these resources are used as efficiently and effectively as possible. The long-term care homes must continue to work collaboratively with the Waterloo Wellington Community Care Access Centre to place long-stay ALC patients.

Measures of Success:

- improved acute bed utilization
- improved access to community services to enhance hospital discharge opportunities.

System Improvement Initiatives:

- implement integrated WWLHIN palliative care programs
- launch 10 bed residential hospice
- expand the Integrated Assisted Living Program pilot for seniors
- launch 33 bed supportive housing program
- launch 12 transitional living beds for Acquired Brain Injury
- refine and consistently apply LTC discharge criteria and policies
- open 288 new LTC beds and pursue opportunities for additional beds in the WWLHIN
- develop standardized intake and discharge processes to support specialized care units
- identify opportunities for LTC homes to accept higher acuity level residents
- complete LTC home redevelopment
- identify and implement opportunities for LTC homes to optimize use of community resources.

Indicators:

- percentage of ALC days.

IMPLEMENTATION OF THE INTEGRATED HEALTH SERVICE PLAN

Together, with our health service providers and other stakeholders, the WWLHIN will implement the community's IHSP over the next three years.

A great deal of work has been done over the past three years to implement the initiatives that were identified in the first IHSP, 2007 - 2010. It is important to recognize the progress that has been made, learn from the activities that have been carried out and acknowledge that more work needs to be done as we move into the implementation of the IHSP, 2010 - 2013.

The implementation of the initiatives has been planned over the three years of the IHSP. During that time, the system improvement initiatives (page 16), will be rigorously monitored using the identified indicators. To further incorporate these initiatives into our local health system, performance indicators will be included in future Service Accountability Agreements with health service providers that are funded by the WWLHIN. Including performance targets into Service Accountability Agreements is an existing practice and has led to improved delivery of care.

Specific organizations or networks within the WWLHIN will be identified to lead the implementation of each system improvement initiative. One dimension of a high-performing health system is the regular reporting of performance - ongoing reporting is a required component of the monitoring process and will ensure all partners involved are aware of the work that is being done and can make any changes required to support timely delivery of the initiatives. The process also incorporates other attributes of a high-performing health system leading to one that is effective, patient-centred, efficient, and integrated.

Three-Year Implementation Plan for System Improvement Initiatives

For each of the system improvement initiatives, the following chart identifies:

- measures of success
- work that has occurred or is presently underway
- implementation timelines.

SYSTEM IMPROVEMENT INITIATIVES

MEASURES OF SUCCESS	Examples of Initiatives currently underway	2010 - 2011	2011 - 2012	2012 - 2013
PRIORITY: IMPROVING PATIENT SAFETY AND ENHANCING QUALITY OF CARE				
Lowest adverse events and infection rates in the province	• CCAC wound management program			
Improved outcomes of care	• Identify areas for quality improvement across our hospitals (Clinical Optimization) • Implementing electronic health information infrastructure across continuum of care • Implement information system that enables monitoring of outcomes of care in long-term care homes (RAI MDS 2.0)	• Develop and implement improvement initiatives across our hospitals (Clinical Optimization) • Continue to implement electronic health information infrastructure • Include patient safety and quality of care expectations in H-SAA • Include patient safety and quality of care expectations in L-SAA • Continue implementation of information system that enables monitoring of outcomes of care in long-term care homes (RAI MDS 2.0)	• Develop and implement improvement initiatives across our hospitals (Clinical Optimization) • Continue to implement electronic health information infrastructure • Include patient safety and quality of care expectations in M-SAA	• Develop and implement improvement initiatives across our hospitals (Clinical Optimization) • Continue to implement electronic health information infrastructure • Include patient safety and quality of care expectations in L-SAA
No duplication of administrative, support and clinical activities within and across health service providers	• Identify areas of duplication of services and misalignment with needs of WWLHIN residents in acute care service provision (Clinical Optimization Project) • Develop a Regional Medication Management System (Pharmacy Optimization Project) • Implement a central image and report repository between hospitals (Diagnostic Imaging and Repository Project) • Develop and implement a model that improves a coordinated access to community support services for seniors (Easy Coordinated Access) • Develop resource matching and referral system	• Develop and implement or integrate service models to align services with needs (Clinical Optimization Project) • Implement a Regional Medication Management System (Pharmacy Optimization Project) • Implement a model that improves a coordinated access to community support services for seniors (Easy Coordinated Access) • Complete implementation of central image and report repository (Diagnostic Imaging and Repository Project) • Develop and implement a resource matching and referral system	• Develop and implement or integrate service models to align services with needs (Clinical Optimization Project) • Continue implementation of a Regional Medication Management System (Pharmacy Optimization Project) • Continue to implement a resource matching and referral system	• Develop and implement or integrate service models to align services with needs (Clinical Optimization Project) • Continue implementation of a Regional Medication Management (Pharmacy Optimization Project) • Continue to implement a resource matching and referral system • Explore and implement opportunities for integrating administrative and support services across the system
95% of Waterloo Wellington patients / clients a re satisfied with the care they received		• Include patient safety and quality of care expectations in H-SAA • Include patient safety and quality of care expectations in L-SAA	• Include patient safety and quality of care expectations in M-SAA	• Include patient safety and quality of care expectations in L-SAA

SYSTEM IMPROVEMENT INITIATIVES

MEASURES OF SUCCESS	Examples of Initiatives currently underway	2010 - 2011	2011 - 2012	2012 - 2013
PRIORITY: IMPROVING WAIT TIMES FOR MRI EXAMS				
Decreased MRI wait times to 28 days	• Reduce wait times for non- urgent contrast studies • Increased operating hours for MRI machines to 16 hours per day/7 days per week	• Develop and implement guidelines for appropriate use of MRI across WWLHIN • Implement prioritization guidelines and tools • Review all scan protocols (sequencing) and appointment allocation time • Implement additional MRI capacity in WWLHIN	• Implement a central booking/intake process for MRI	• Reassess and continue to pursue additional capacity • Expand central booking/intake process to other diagnostic tests
PRIORITY: IMPROVING ACCESS TO EMERGENCY DEPARTMENT CARE				
Non-urgent ED visits will be reduced by 10 percentage points	• Nurse Led outreach to long-term care • Family Health Teams across WWLHIN are fully functioning • Launch of Health Care Connect – system of matching patients to a primary care provider • Apply resources given to CHCs to enhance access to primary care • Increased Personal Support Worker capacity • Integrated Assisted Living Program	• Expand supportive living services for seniors • Implement ED-CCAC notification solution • Broaden communication strategy of appropriate use of ED and alternatives to ED	• Continue to implement ED-CCAC notification solution • Expand on communication strategy of appropriate use of ED and alternatives to ED	• Continue to implement ED-CCAC notification solution • Expand on communication strategy of appropriate use of ED and alternatives to ED
Appropriate utilization of ED resources	• Emergency Department Process Improvement Project (ED PIP) • ED Pay for Results Program • Clinical Decision Units in EDs • Development of Critical Care Surge Capacity plan • Ambulance offload nurses • Expansion of Geriatric Emergency Management (GEM) nurses in EDs	• Expansion of ED Process Improvement Program to other areas within the hospitals • Reassess and optimize ED pay for results program • Reassess and optimize ambulance offload nurses program • Implement Critical Care Surge Capacity recommendations • Strengthen capacity and capability related to performance improvement in hospitals	• Develop and implement a broader communication strategy for the ED reports • Enhance public reporting of system ED performance and information	

SYSTEM IMPROVEMENT INITIATIVES

MEASURES OF SUCCESS	Examples of Initiatives currently underway	2010 - 2011	2011 - 2012	2012 - 2013
PRIORITY: IMPROVING ACCESS TO PRIMARY CARE				
All residents in Waterloo Wellington have access to primary care	• Tele-home care and tele-health • Enable patient to provider communication through internet and e-mail based portals (HealtheConnection) • Rural Health Care Review	• Implement recommendations from Rural Health Care Review • Expand tele-health and tele-home care • Explore and pursue, where needed and appropriate, Family Health Teams (FHT), Community Health Centres (CHC), or Nurse Practitioner led clinics	• Explore and pursue, where needed and appropriate, FHT, CHC or Nurse Practitioner led clinics	• Explore and pursue, where needed and appropriate, FHT, CHC or Nurse Practitioner led clinics
Improved utilization of primary care by vulnerable populations		• Develop alternative models for primary care services to address needs for vulnerable populations	• Implement alternative models for primary care services	• Support providing information to primary care providers on health issues affecting vulnerable populations
Increased number of residents with access to after hours care		• Increase the awareness among residents that after hours care is available and how to access it	• Continue to increase awareness among residents that after hours care is available and how to access it	• Continue to increase awareness among residents that after hours care is available and how to access it

IMPLEMENTATION OF THE INTEGRATED HEALTH SERVICE PLAN

SYSTEM IMPROVEMENT INITIATIVES

MEASURES OF SUCCESS	Examples of Initiatives currently underway	2010 - 2011	2011 - 2012	2012 - 2013
PRIORITY: IMPROVING ACCESS TO, AND COORDINATION OF, ADDICTIONS AND MENTAL HEALTH SERVICES				
Reduced substance use among youth to the provincial average in all categories Reduced mental health issues among youth	• Youth residential addiction programs • Developing Drug Strategy (Waterloo Region) • Implementing Drug Strategy (Wellington)	• Continue to implement Drug Strategy (Waterloo Region) • Continue to implement Drug Strategy(Wellington) • Implement Suicide Prevention Strategy	• Implement a coordinated approach for addictions and mental health promotion and education in schools • Improve access to addictions and mental health services for students • Continue to implement Drug Strategy (Waterloo Region) • Continue to implement Suicide Prevention Strategy	• Continue to implement Drug Strategy (Waterloo Region)
Decreased readmissions and inappropriate ED use to provincial averages	• Mental health clinics at various hospitals for people who are waiting for a critical decision point for follow up services • Access to Care and Housing for Homeless and those at Risk of Homelessness Program • Coordinated intake through community support coordination team • Development of common crisis planning process	• Expand coordinated intake and common assessment through community support coordination team • Increase the availability of case management throughout the WWLHIN • Implement effective discharge processes and follow up for all addictions and mental health services • Improve links and supports to address crisis mental health needs	• Increase supports for long-term addictions and mental health conditions • Implement provincial program called "no wrong door approach" • Improve transition from crisis services to more stabilized services	• Enhance mental health services for seniors
Improved access to addictions and mental health services	• Addiction supportive housing and outreach in Waterloo Wellington • Detailed map of addictions and mental health services across Waterloo Wellington • Integrated program for severe and persistent mentally ill • Health services component of supportive housing program • Launch 16 of 48 total Addictions supportive housing units	• Develop health services component of supportive housing program for mental health clients • Implement integrated program for severe and persistent mentally ill • Open 16 additional addictions supportive housing beds • Open 50 longer-term mental health beds	• Expand coordinated intake and common assessment • Increase access to (medically supervised) withdrawal management beds • Open 16 additional addictions supportive housing units	• Increase primary care capacity to address addictions and mental health issues

SYSTEM IMPROVEMENT INITIATIVES

MEASURES OF SUCCESS	Examples of Initiatives currently underway	2010 - 2011	2011 - 2012	2012 - 2013
PRIORITY: IMPROVING CHRONIC DISEASE PREVENTION AND MANAGEMENT				
Improved provision of chronic disease management and self care	• Piloting mydoctor.ca • Implement internet based tools to enhance self management for chronic conditions (HealtheConnect) • Implement electronic infrastructure to share monitoring data and care plans between providers • Expansion of infrastructure to existing diabetes programs and services across the WWLHIN • Development and implementation of Regional Diabetes Center • Development of a comprehensive framework for prevention and management of chronic disease beyond diabetes	• Implement comprehensive framework for prevention and management of chronic disease • Implement Diabetes Registry	• Implement comprehensive framework for prevention and management of chronic disease • Continue implementation of Diabetes Registry	• Implement comprehensive framework for prevention and management of chronic disease
Improved access to specialized services for patients with chronic conditions	• Develop and implement a comprehensive bariatric program • Stabilize vascular program • Implementation of peritoneal dialysis in two long term care homes • Expansion of home dialysis	• Implement a comprehensive bariatric program • Continue to develop endovascular surgery component of vascular program • Expand peritoneal dialysis to other long-term care homes • Establishment of Regional Diabetes Centre and associated programming	• Implement endovascular surgery component of vascular program • Establishment of Regional Diabetes Centre and associated programming	• Continue implementation and pursue cross-LHIN alignment of vascular program

SYSTEM IMPROVEMENT INITIATIVES

MEASURES OF SUCCESS	Examples of Initiatives currently underway	2010 - 2011	2011 - 2012	2012 - 2013
PRIORITY: IMPROVING OUTCOMES FOR STROKE PATIENTS THROUGH INTEGRATED PROGRAMS				
Improved prevention and management of patients at-risk of stroke by primary care providers	• Implementation of cross continuum stroke navigation tool	• Provide education opportunities for vulnerable populations and youth • Strengthen links to promotion and public awareness about signs and symptoms of stroke with CHCs and FHTs • Expand smoking cessation initiatives across the WWLHIN	• Expand promotion and public awareness of signs and symptoms of stroke to other models of primary care • Expand smoking cessation initiatives across the WWLHIN	
Reduced readmissions rates and mortality rates to the provincial average	• Increase outpatient rehabilitation referrals • Expansion of stroke drug protocol delivery window from 3.0 hours to 4.5 hours • Alpha-FIM (rehab readiness assessment) in acute care (Grand River Hospital) • Dysphasia screening tool (GRH) • Standardization of care maps, routine stroke orders and patient education across WWLHIN • Strengthen link between community supports and stroke patients • Identify gaps and support development of regional triage and referral system	• Develop a model for clustering stroke care (acute and rehab) across HNHB and WW LHINs • Develop a plan for system wide Emergency Medical Services for stroke patients across the WWLHIN • Expand the Alpha-FIM across the WWLHIN • Expand the dysphasia screening tool to acute care facilities across the WWLHIN • Establish a regional evaluation and monitoring mechanism to track optimization and best practice stroke care	• Implement clustered stroke units across WWLHIN (acute and rehab) • Develop a regional measuring and evaluation mechanism to monitor performance of stroke patient access to rehab across the region	• Implement a standard assessment tool for acute and rehab across the WWLHIN

SYSTEM IMPROVEMENT INITIATIVES

MEASURES OF SUCCESS	Examples of Initiatives currently underway	2010 - 2011	2011 - 2012	2012 - 2013
PRIORITY: DECREASING ALTERNATE LEVEL OF CARE (ALC) DAYS				
Improved acute bed utilization Improved access to community services to enhance discharge opportunities	• Integrated Assisted Living Program • Transition Program • Home First philosophy • Expansion of PSW services • Attendant Outreach • Implement recommendations from Complex Continuing Care Review	• Implement integrated WWLHIN palliative care programs • Launch 10 bed residential hospice • Expand the Integrated Assisted Living Program pilot for seniors • Launch 33 bed supportive housing program • Launch 12 transitional living beds for Acquired Brain Injury • Refine and consistently apply LTC discharge criteria and policies • Pursue opportunities to open more long-term care (LTC) beds in WWLHIN • Open 192 new LTC beds • Develop standardized intake and discharge processes to support specialized care units • Identify opportunities for LTC homes to accept higher acuity level residents • Begin LTC home redevelopment	• Open 96 new LTC beds • Continue LTC home redevelopment phase • Identify opportunities for LTC homes to optimize use of community resources	• Continue LTC home redevelopment phase

APPENDIXES

Appendixes are available on line at www.wwlhin.on.ca - Working Together for a Healthier Future, Integrated Health Service Plan, 2010 - 2013

Appendix 1

Summary of Provincial Strategic Plan – Integrated Health Service Plan
Alignment to the Provincial Strategic Plan

Appendix 2

WWLHIN Strategic Dimensions Indicators

Appendix 3

Environmental Scan

- Risk factors
- Performance
- Health care services in our LHIN

Appendix 4

Population Profile WWLHIN

Appendix 5

Community Engagement Outcomes

Appendix 6

Data and Literature References

Appendix 7

Inventory of Programs and Services

APPENDIX 1

Summary of Provincial Strategic Plan - IHSP Alignment to the Provincial Strategic Plan

The Ministry of Health and Long-Term Care (MOHLTC), the LHINs, health service providers and other partners in the Ontario health care system work collaboratively to identify provincial priorities and related action plans. The LHINs identify local priorities and develop plans for the local health system within the provincial context.

The five common priorities the MOHLTC and LHINs identified for this IHSP three-year period are:

1. improving access to emergency department (ED) care
2. decreasing alternate level of care (ALC) days
3. supporting the implementation of Ontario's diabetes strategy
4. improving access to addictions and mental health programs
5. building on the eHealth framework.

Through the development of the IHSP, 2010 – 2013, four of the provincial strategic priorities were identified as also being priorities for Waterloo Wellington. eHealth is noted as an important enabler to support the successful transformation of our local health system.

Provincial Priorities

Improving Access to Emergency Department (ED) Care

Ontarians are entitled to safe, reliable, appropriate and high-quality care when they visit an emergency department. Because reducing wait times in emergency departments can significantly improve a patient's experience, it is one of the provincial government's top health care priorities.

To achieve shorter emergency department wait times, the LHINs must strategically lead health service providers to improve performance across their entire health system.

Patients with non-urgent or less urgent needs account for approximately half of all emergency department visits across the province. As a result, the WWLHIN is working with health services providers to develop community programs and services so people can access appropriate care outside emergency departments.

Under the MOHLTC's direction, the WWLHIN and local health service providers are working towards achieving set provincial targets and public reporting is now in place for emergency department wait times.

Decreasing Alternate Level of Care (ALC) days

When patients complete the acute care phase of their treatment in hospital, they may remain in acute care beds while they are waiting to be discharged or transferred. They need an Alternate Level of Care (ALC).

Close to 19% of patients currently in Ontario hospital beds are waiting for an ALC opening, such as a long-term care or rehabilitation care bed. Therefore, beds in the hospital may not be available for patients needing to be admitted.

The LHINs are working with the MOHLTC on a variety of initiatives that will help patients get the care they need - whether that is in a hospital, in a long-term care or rehabilitation care facility, in the community or at home. In 2007, the WWLHIN received over $37 million for Aging at Home programs. These projects are aimed to provide seniors supports to continue to live safely in a home of their choice. The Aging at Home programs, implemented in Waterloo Wellington since mid 2008, have shown strong results in providing community supports for senior residents. The programs are assisting in decreasing emergency department visits and reducing the number of patients waiting in hospital beds for an alternate level of care.

Supporting the implementation of Ontario's Diabetes Strategy

Ontario's Diabetes Strategy will help tackle a growing - and expensive - health care challenge. In 2008, about 900,000 Ontarians were living with diabetes (8.8% of the province's population). The number of Ontarians with diabetes has increased by 69% over the last 10 years, and is projected to grow from 900,000 to 1.2 million by 2010. Treatment for diabetes and related conditions (including heart disease, stroke and kidney disease) currently costs Ontario over $5 billion each year.

The Diabetes Strategy will improve access to prevention programs and team-based care. It includes an online registry that will give patients access to information and educational tools so they can better manage their disease. The registry will also enable health care providers to check patient records, access diagnostic information and send patient alerts. The registry will result in faster diagnosis, better treatment and improved management for Ontarians living with diabetes.

The WWLHIN is committed to improving access to diabetes care by supporting the implementation of the Ontario Diabetes Strategy.

Improving Access to, and Coordination of, Addictions and Mental Health Services

In addition to the above three priorities, the Ontario government has announced that it plans to enhance addictions and mental health services. Approximately one in five Ontarians will experience a mental health or addiction problem at some time.

The Ministry of Health and Long-Term Care's Advisory Group on Mental Health and Addictions is laying the foundation for a 10-year strategy to address this important issue. The WWLHIN will implement the provincial Mental Health and Addictions Strategy, helping to create a system that provides everyone who needs care with equitable access to safe, respectful and effective services.

Building on the eHealth Framework

Ontario's eHealth strategy supports the province's other strategies. By investing in information technology infrastructure, including the diabetes registry and electronic health records, patient care and access can be improved. The WWLHIN will build on eHealth strategy innovations to enhance system-wide integration and improve our health system.

Achieving the Vision for Ontario's Health System

The vision of having a healthier Ontario is shared by all. It is through the combined efforts of residents, health service providers, the LHINs and the Ontario government that we will achieve a healthier Ontario for more than 13 million residents, which includes 730,000 individuals living in the Waterloo Wellington LHIN area.

The provincial strategic directions helped to shape the WWLHIN Integrated Health Service Plan, 2010 - 2013. By aligning local initiatives with provincial priorities, we can provide accessible, effective, affordable and sustainable health services.

APPENDIX 2

WWLHIN Strategic Dimensions Indicators

Improve access to health services

- During the period of the 2007 – 2010 IHSP, wait times for the provincially targeted procedures and tests, including hip and knee surgery, cataract surgery and CT tests have improved significantly in the WWLHIN. There continues to be challenges for both MRI and long-term care placement.

- In 2009, WWLHIN residents who go to the emergency department for an urgent medical issue have an average length of stay of 8.8 hours, which is above the recommended 6-8 hour time frame. Similarly, emergency department length of stay for less severe medical issues (5.5 hours) is higher than the recommended 4 hour target.

- In 2008, 94% of Waterloo Wellington residents reported having access to primary care; however, challenges remain in rural areas as well as for vulnerable populations (e.g. newcomers and homeless). Another challenge for residents in Waterloo Wellington is obtaining 'after hours' access to primary care.

- 'Access other' refers to a broad range of access issues identified through various community engagements. It includes access challenges due to transportation, access to mental health beds and rehabilitation care and, in particular, access to community mental health services.

Improve the health of the population

- In 2004, Waterloo Wellington had the fourth lowest potential years life lost (PYLL) rate in Ontario. PYLL is the number of years of life "lost" when a person dies "prematurely" from any cause before the age of 75. Measuring PYLL is significant in that it measures how successful the Waterloo Wellington health system is in preventing premature deaths. In 2004, the main causes of PYLL in Waterloo Wellington were cancer (37%), followed by injury (16.9%) and circulatory system disease (16.6%).

- With regard to mental health, between the years of 2005 and 2007 the prevalence (number of people in a population having a disease) rates for mood and anxiety disorders increased by 1.4% and 0.7% respectively.

- With regard to addictions, based on a 2007 study Waterloo Wellington high school students have the highest percentage of daily smokers (13.3%) in the province (provincial average 7.0%). In addition, Waterloo Wellington students are among the highest users of drugs across the province; including illicit drugs and non-medical prescription drugs.

- Of concern are the trends that indicate the prevalence rates (2003 – 2007) for chronic conditions including diabetes, hypertension and asthma are increasing in Waterloo Wellington. The prevalence rate for arthritis is decreasing but at a significant lower rate than the province.

Enhance system effectiveness

• The hospital standardized mortality rate compares the actual number of deaths in a hospital with the average Canadian experience, after adjusting for several factors that may affect in-hospital mortality rates, such as the age, sex, diagnoses and admission status of patients. The ratio provides a starting point to assess mortality rates and identify areas for improvement, which may help to reduce hospital deaths from adverse events. In 2008 - 2009, the hospital standardize mortality rate for hospitals in the WWLHIN was 94, which is very good as it means that fewer patients died on average in our hospitals than expected. This is further supported by reviewing medical and surgical adverse events in acute care hospitals (e.g. urinary tract infections, fractures from falls after being admitted or pressure ulcers during a hospital stay). Based on data from 2006 - 2007, in comparison to the provincial average, the rates are similar or lower in Waterloo Wellington. Another example of adverse events is infectious rates and based on September 2009 data, the rates are below the provincial average.

• Of concern is the high case fatality rate for stroke. During 2005 - 2008, Waterloo Wellington has the second highest 30-day stroke in-hospital mortality rate in the province (20.3% vs. provincial average of 17.9%).

• The coordinated care for stroke needs further review as the readmission rate within three months of a stroke is the second highest in the province. Waterloo Wellington has also a high rate of readmission rate for patients who were treated for an addiction or mental health problem.

• Waterloo Wellington residents are divided in their opinion about the degree the system needs to be changed. Half of the residents believe that the local health care system requires only minor changes a nd improvements, while half believe more fundamental change is needed (though few believe that the system needs an entire overhaul).

Few Waterloo Wellington residents report that their doctor helps coordinate their care with others, tells them about community resources, counsels them on weight/nutrition or asks about emotional issues.

Build community capacity to achieve a sustainable health system

• In 2008 - 2009, Waterloo Wellington had the third highest percentage of Alternate Level of Care (ALC) days, 19.28% compared to the provincial average of 15.49%. This high number of ALC days impacts the flow of patients in the hospital as beds are not readily available for those patients with acute care needs.

• With regard to appropriate use of acute care resources, Waterloo Wellington has either been improving over the last five years (Ambulatory Care Sensitive Conditions) or unchanged (Emergency Department Visits Elsewhere). Both rates are below the provincial average.

• Innovation, partnerships and excellence continue to be the characteristics of new initiatives being developed by health service providers to meet patient and client needs. Recent examples include the partnerships by youth addictions providers to provide programs that will offer a range of options to meet client needs.

Waterloo Wellington **LHIN**

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Pour obtenir un exemplaire en français, veuillez communiquer avec le bureau ou visiter le site Internet.

Ontario
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